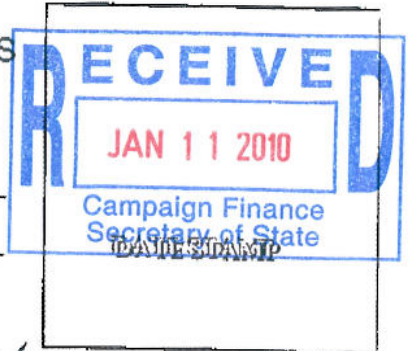


Delbert Hosemann  
SECRETARY OF STATE

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name JIM ELLINGTON  
Full Address 7020 JACKSON - RAYMOND RD, RAYMOND MS  
Telephone 601-857-0906 (Fax) \_\_\_\_\_  
E-mail \_\_\_\_\_



Office Sought HOUSE DISTRICT 73 Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(Itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	4650	\$ 4650	\$ 4650
Total amount of disbursements	4622	\$ 4622	\$ 4622
Total amount of cash on hand		\$ 61,875	

I certify that I have examined this report, and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate [Signature]

Date 1/11/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee JIM ELLINGTONReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>RONALD TULLY</u>	<u>1/12/09</u>	\$ <u>250</u>
Mailing Address	<u>MT. LAKE, N.J.</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>SELF</u>	<u>1/1/</u>	\$
Occupation (Required)	<u>SELF</u>	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>NUCOR STEEL</u>	<u>5/21/09</u>	\$ <u>1000</u>
Mailing Address	<u>FLOWOOD, MS</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>1/1/</u>	\$	
Occupation (Required)	<u>1/1/</u>	Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>ADVANCE AMERICA</u>	<u>7/13/09</u>	\$ <u>250</u>
Mailing Address	<u>1/1/</u>	\$	
City, State, Zip Code	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>SPARTANBURG, SC</u>	<u>1/1/</u>	\$
Occupation (Required)	<u>1/1/</u>	\$	
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Aggregate year-to-date	\$ <u>250</u>
Full name	<u>ANN HUSK - BUSCH</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address	<u>1/1/</u>	<u>7/25/09</u>	\$ <u>500</u>
City, State, Zip Code	<u>1/1/</u>	\$	
Name of Employer (Required)	<u>ST. LOUIS, MO</u>	<u>1/1/</u>	\$
Occupation (Required)	<u>1/1/</u>	\$	
		Aggregate year-to-date	\$ <u>500</u>



Name of Candidate or Committee

JIM KELLY

Reporting period

1/1/09

through

12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CHURCH		10/14/09	\$ 500
Mailing Address _____		____/____/____	\$
City, State, Zip Code PASCAGOULA, MS		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ATMOS ENERGY		10/27/09	\$ 500
Mailing Address _____		____/____/____	\$
City, State, Zip Code JACKSON, MS		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name EXXON/MOBIL		11/27/09	\$ 500
Mailing Address _____		____/____/____	\$
City, State, Zip Code HOUSTON, TX		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ATT		12/10/09	\$ 500
Mailing Address _____		____/____/____	\$
City, State, Zip Code JACKSON, MS		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500

Name of Candidate or Committee

JIM KENNEDY

Reporting period

1/1/09

through

12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name			
GEORGIA - PACIFIC		12/1/09	\$ 250
Mailing Address			
City, State, Zip Code			
PHOENIX, AZ			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ 250
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$



Name of Candidate or Committee

JIM KILGUSTON

Reporting period

1/1/09

through 12/31/09

## ITEMIZED DISBURSEMENTS

A. Full name	OREL COMPUTER SYSTEMS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		2/24/09	\$ 906
City, State, Zip Code	ROUND ROCK, TX	1/1/09	\$
Purpose of Disbursement (Optional)	NEW SYSTEM FOR CAMPAIGN	Aggregate Year-to-date	\$ 906
B. Full name	MS HOUSE REPUBLICAN CONFERENCE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		7/23/09	\$ 2000
City, State, Zip Code	RAYMOND, MS	1/1/09	\$
Purpose of Disbursement (Optional)	GOLF TOURNAMENT	Aggregate Year-to-date	\$ 2000
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/09	\$
City, State, Zip Code		1/1/09	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/09	\$
City, State, Zip Code		1/1/09	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/09	\$
City, State, Zip Code		1/1/09	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/09	\$
City, State, Zip Code		1/1/09	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$